

**DEDUCTIONS EFFECTIVE JANUARY 1, 2019**

<b>PLAN/COVERAGE DESCRIPTION</b>		<b>TOTAL MONTHLY PREMIUM</b>	<b>COUNTY MONTHLY SUBSIDY</b>	<b>EMPLOYEE MONTHLY SHARE</b>
<b>DELTA DENTAL PREMIER PPO - \$1,800 ANNUAL MAXIMUM</b>				
For CCHP Alternate A Plan	Employee	\$46.06	\$41.17	\$4.89
	Employee + 1	\$104.04	\$93.00	\$11.04
	Family + 2 or more	\$104.04	\$93.00	\$11.04
For CalPERS Health Plans	Employee	\$46.06	\$34.02	\$12.04
	Employee + 1	\$104.04	\$76.77	\$27.27
	Family + 2 or more	\$104.04	\$76.77	\$27.27
Without a Health Plan	Employee	\$46.06	\$43.35	\$2.71
	Employee + 1	\$104.04	\$97.81	\$6.23
	Family + 2 or more	\$104.04	\$97.81	\$6.23
<b>DELTA CARE (HMO)</b>				
For CCHP Alternate A Plan	Employee	\$29.06	\$25.41	\$3.65
	Employee + 1	\$62.81	\$54.91	\$7.90
	Family + 2 or more	\$62.81	\$54.91	\$7.90
For CalPERS Health Plans	Employee	\$29.06	\$21.31	\$7.75
	Employee + 1	\$62.81	\$46.05	\$16.76
	Family + 2 or more	\$62.81	\$46.05	\$16.76
Without a Health Plan	Employee	\$29.06	\$27.31	\$1.75
	Employee + 1	\$62.81	\$59.03	\$3.78
	Family + 2 or more	\$62.81	\$59.03	\$3.78
<b>VSP VOLUNTARY VISION PLAN</b>				
	Employee	\$10.08	\$0.20	\$10.28
	Employee + 1	\$20.14	\$0.40	\$20.54
	Employee + 2 or mo	\$32.44	\$0.65	\$33.09